CHILD SEXUAL ABUSE

Guidelines for Community Workers

Strengthening Community Response

Canada

CHILD SEXUAL ABUSE Guidelines for Community Workers

Report of the Federal Working Group

HEALTH SERVICES DIRECTORATE
HEALTH SERVICES AND PROMOTION BRANCH

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The information contained in these Guidelines was current at the time of writing. When using the Guidelines the reader should remember that legislative requirements differ from province to province and may change with revisions or amendments to provincial and federal statutes and regulations.

Information on new developments or related issues should be directed to:

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Additional copies of these Guidelines in both official languages are available from the above address.

GENERAL INTRODUCTION

1. Background

The Report of the Committee on Sexual Offences Against Children and Youth (Badgley Committee) documented the incidence and prevalence of the sexual abuse of children in Canada, and the inadequacy of the responses to the needs of abuse victims and their families. One recommendation in the Report called for the development of national guidelines to assist communities in developing and strengthening service responses.

In 1987, Health and Welfare Canada established a Federal Working Group to participate in the development of these guidelines. This Working Group was drawn from names of persons nominated by provincial and territorial assistant deputy ministers in response to a letter requesting participation in this task. At the same time, provinces and territories were surveyed to identify guidelines which had been developed at the provincial and territorial level.

2. Terms of Reference of the Federal Working Group

The Working Group was established to undertake the development of national guidelines for community health workers, including professionals, paraprofessionals and volunteers, who intervene in cases involving child sexual abuse.

The Working Group was national and multidisciplinary in nature and comprised various experts in the field of child sexual abuse, representing community health service workers, associations and geographical areas.

The national guidelines developed have an integrated approach, the major emphasis being on guidelines for community workers dealing with child sexual abuse.

The Working Group identified the following groups of people for whom the Guidelines may be useful:

- health professionals such as physicians and nurses;
- mental health professionals such as psychiatrists, psychologists, social workers, therapists and crisis workers;
- justice professionals such as police, lawyers, crown prosecutors, probation and parole staff;
- educators and day care workers;
- child protection workers;
- recreation workers;
- clergy;
- crisis workers/shelter workers;
- parents, foster parents and child care providers;
- community workers.

3. Purpose of These Guidelines

These Guidelines should not be regarded as rigid standards. Their application will vary throughout Canada, as those who intervene in child sexual abuse in each province are guided by

provincial statutes. They are also influenced by historic working relationships which have evolved among the various agencies and institutions whose mandates require that they provide investigative, assessment, diagnostic, therapeutic, protective or prevention services to sexually abused children.

The purpose of the Guidelines is to provide a definition of the requirements for these various services and to inform community workers about ways in which these services can work co-operatively to effectively meet the needs of sexually abused children and their families.

The Guidelines are not intended to provide standards for professional practice.

These Guidelines encourage consideration of a multidisciplinary approach which will enhance co-operation among agencies and professionals providing services to abused children and their families. These Guidelines will assist planners in determining the appropriate-

ness of this approach, and the potential impact on existing and planned services at the local and regional level. Deficiencies and gaps in present services and service delivery systems can be identified and addressed as required.

Where this approach results in the establishment of a multidisciplinary child abuse team, these Guidelines will assist in identifying problem areas related to service co-ordination, personnel or resources.

4. Future Revisions

A mechanism to carry out future revisions will be developed by Community Health Division, Health Services and Promotion Branch, Health and Welfare Canada.

5. Acknowledgement

The Federal Working Group wishes to express its sincere appreciation to The Society for Children and Youth of British Columbia for permission to use material

from *Blueprint for Child Abuse Prevention: A Comprehensive Approach* from which the prevention concepts in Guideline One, "Prevention: A Community Responsibility," were adapted.

Prevention definitions and concepts were also drawn from "Child Sexual Abuse Prevention: A Guide to Programs and Resources," Hôpital Ste-Justine, Montreal, Quebec.

The section "Assessing Community Needs" is based on a Popular Education model. This model is explored fully in "Women's Self-Help Educational Kit," available from North Island Women's Service Society, Box 3292, Courtenay, British Columbia, V9N 5N4.

The section on Medical Assessment in Guideline Three, "Investigation and Assessment," is based on the 1989 *Canadian Guidelines for Health Care Providers for the Examination of Children Suspected to Have Been Sexually Abused.* These guidelines were developed on the

advice of the Expert Interdisciplinary Advisory Committee on Sexually Transmitted Diseases in Children and Youth.

In addition, this section cites material from a 1983 publication of the Ontario Medical Foundation titled "Recognition and Assessment of the Sexually Abused Child: Guidelines for Physicians." Copies of this publication, written by K. C. Finkel, Professor of Pediatrics at McMaster University, are available through the Ontario Medical Association.

The information on intervention outlined in Guideline Four, "Treatment and Support," is based in part on *The Interministry Handbook: An Integrated Approach to Child Abuse and Neglect*, 1988 Edition, British Columbia.

The section on Preparation for Court in Guideline Four draws on an article by Vicky W. Wolfe, Louise Sas and Susan K. Wilson, published in the *Behavior Therapist*, 1987, Volume 10, Number 5.

The section on Interviewing the Child in Guideline Three, as well as the section on Case Management and Co-ordination in Guideline Five, "Multidisciplinary Co-ordination and Co-operation: A Team Approach," draw on the writings of Suzanne Sgroi.

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CONCEPTUAL FRAMEWORK

1. Definitions

"Child" or *"Child in need of protection"*: is a term included in all provincial and territorial child protection legislation to define a person who has not yet attained a certain age. For child protection purposes, a child in British Columbia is a person under 19; in Prince Edward Island, Quebec, Manitoba and the Yukon, a person under 18; and in all other provinces and the Northwest Territories, a person under 16.

Child Protection Agency: means the officially designated provincial/territorial service(s) responsible for providing services to children who are abused and/or in need of protection.

Child protection legislation: means the provincial and territorial laws which have as their purpose the protection of children from abuse and neglect by persons such as parents and guardians. Most child welfare statutes define a "child in need of protection" broadly so that a child victim of sexual abuse will be eligible to receive child protection

services. The emphasis in child welfare legislation is on protecting and fostering the welfare of the child victim, rather than on punishing the abuser which is the function of criminal legislation contained in the Criminal Code of Canada.

Community workers: includes, for the purposes of these Guidelines, but is not restricted to the following:

- health professionals such as physicians and nurses;
- mental health professionals such as psychiatrists, psychologists, social workers, therapists and crisis workers;
- justice professionals such as police, lawyers, Crown prosecutors, probation and parole staff;
- educators;
- child protection workers;
- recreation workers;
- clergy;
- shelter workers;

– parents, foster parents, child care providers and community volunteers.

Prevention: in the context of child sexual abuse, prevention means any measure aimed at preventing the occurrence of sexual abuse, detecting its early signs, and reducing its impact.

Sexual abuse: is a generic term referring to the sexual exploitation of a child, whether consensual or not. It includes acts of exposure, sexual touching, sexual assault, and the exploitation of a child by prostitution or pornography. Current child protection legislation in Canada defines "a child in need of protection" broadly so as to include child victims of sexual abuse in situations in which the parent or person having care of a child sexually exploits that child or fails to protect the child from sexual abuse. Sexual activity between children may constitute sexual abuse if the difference in age or positional power between the children is so significant that one child is clearly taking advantage of the other.

In this document, sexual abuse is used in the broader sense to describe sexual abuse of the child both within the family (intrafamilial) and outside the family (extrafamilial).

Sexual offences: is a legal term applied where the sexual abuse of a child prompts a criminal investigation. Where the allegations are founded, the result may be the laying of criminal charges against the offender within the following broad categories of Criminal Code offences:

- sexual assault (including all forms of sexual assault, sexual assault with a weapon and aggravated sexual assault);
- anal intercourse;
- bestiality involving children;
- sexual interference, invitation to touching and sexual exploitation;
- incest;
- corrupting morals; and
- murder in the commission of a sexual assault.

Solicitor-client privilege: is a fundamental principle of the law whereby a client cannot be compelled, and a lawyer will not be allowed, to disclose communications passing between them in the course of their professional relationship, unless the client authorizes the disclosure.

Training: for the purposes of this document, training refers to either specific skills and knowledge acquired after the formal process of academic education or developed for a specialized group of paraprofessionals or volunteers.

Treatment: means specific intervention(s) by a qualified professional or specialist based on a statement of need and designed to limit, reduce or remedy individual and/or family dysfunction.

2. Child Sexual Abuse in Canada

The 1984 Report of the Committee on Sexual Offences Against Children and Youth (Badgley Committee) heightened public awareness about the nature and prevalence of sexual abuse of children in Canada. Communities are seeking to learn more about the causes, extent and effects of sexual abuse of children. As these aspects of child sexual abuse are better understood, more effective programs can be designed, developed and initiated to prevent sexual abuse.

What is child sexual abuse? Child sexual abuse is always a criminal act. The behaviours which are abusive include acts of exposure, sexual threats, sexual touching, attempted sexual assaults and sexual assaults. The use of a child for the purposes of prostitution or the making of pornography is also sexual abuse, as is exposure of children to pornographic materials. These acts are

identified in various sections of the Criminal Code of Canada.

Who are the victims of child sexual abuse? Any child can be a victim of child sexual abuse regardless of sex, colour, culture, creed, social standing, age or place of residence. Recent studies show that as many as one in three girls and one in five boys will experience some form of sexual abuse before the age of 18.

Who sexually abuses children? Most sexual offenders are male. One in four offenders is a member of the child's family or a person who has been entrusted with the care of the child. Approximately half are friends or acquaintances of the child or family. Only one in six is a stranger.

What are the effects of sexual abuse? Children can be both physically injured and emotionally harmed by sexual abuse. The extent of the harm depends on such factors as the age of the child at the time the abuse began, the type and duration of the abuse, the use of

threats or force to secure the child's co-operation or to maintain silence, the relationship between the child victim and the offender, and the reaction by others following the disclosure of the abuse. In some cases the emotional trauma can have negative consequences throughout life.

Can the child be a "willing victim"? Children are never responsible for their own abuse. Although children may appear to have co-operated with the abuser, they are often vulnerable to exploitation by those who have power over them, or they are drawn into abuse situations without understanding what is happening.

3. Statement of Principles:

- Reports of sexual abuse made by children must be taken seriously and must be thoroughly investigated.
- Child sexual abuse is a criminal act which must be investigated, and has child protection implications

which must be addressed.

- The focus of intervention must be the protection and support of the child:
  - services appropriate to the situation and to the age and level of development of the child;
  - removal of the offender, not the child, from the home in situations of intrafamilial abuse; and
  - support to families to meet the immediate and ongoing needs of child victims.
- An effective response for children and their families requires co-operation and co-ordination among service providers operating within their mandates and using a multidisciplinary approach.
- The sharing of information is necessary to make good decisions and must be done in such a way as to protect privacy and ensure confidentiality.

- Treatment and support resources for the victim, family and offender are components of an effective community response.

- Training of professionals, community workers, parents and volunteers in child sexual abuse issues enhances the capacity of a community to respond in an effective way.

- Communities bear responsibility for protecting children from sexual abuse. The ultimate solution is to be found in prevention and early detection of abuse situations.

GUIDELINE ONE

PREVENTION– A COMMUNITY RESPONSIBILITY

GUIDELINE ONE: PREVENTION - A COMMUNITY RESPONSIBILITY

Prevention within the context of child sexual abuse can be defined as any measure which is aimed at preventing the occurrence of sexual abuse, detecting its early signs and reducing its impact.

Prevention programs generally focus on personal safety education for children to reduce their vulnerability.

Few efforts have been directed at preventing either the development or the expression of sexually abusive behaviour.

Prevention education for children must be seen as only one aspect of a comprehensive community action.

A. Mobilizing the Community

It is necessary to determine the readiness of the community to take action on child sexual abuse. The following model may be useful as a guide for communities to organize around the issue of child sexual abuse. It is modelled on a community-based group

process called Popular Education. In this process, groups go through the following three phases of development:

1. Start with one's own experience: Whether a mandated group of professionals or a spontaneous community-based group, members are usually brought together in the aftermath of a crisis. Exploring each member's perspective on this event can establish some "ground rules" or agreements about the way to proceed.

2. Deepen the understanding: This involves learning as much as possible about child sexual abuse in general and specifically in the particular community. Everyone who has a stake in the problem or its solution should be contacted and invited to participate. An amalgamated group of professionals and community representatives is very effective.

Explore what the group wishes to see happen. Identify what the group needs to know. The following topics are important points to consider:

Child sexual abuse in general:

- causes
- occurrence
- reporting procedures
- roles and mandates of agencies and professionals for investigation, intervention and treatment
- prevention.

Child sexual abuse in the local community:

STATISTICAL

- incidents reported
  - to child protection
  - to the police
- court proceedings
  - family court
  - criminal court
- disposition of court cases
  - family court
  - criminal court
- child protection responses
- types of prevention, treatment and support services available.

INFORMATIONAL

- past experiences/ crises
- public awareness through media coverage/citizen concern
- professional awareness and training
- educational resources in the community
- existing programs for prevention and treatment of child sexual abuse.

This explorative stage may be quite lengthy. During this phase the group should also examine particular community concerns.

- What have other communities done? What worked? What did not?
- What similar projects have taken place on the local community level? What worked? What did not?
- What changes does this community need?
- What are the obstacles to change in this community?

- What skills and resources are available:
  - in the group?
  - in the community?
  - in the region?

3. Develop an action plan: Choosing one of the obstacles, plan a course of action for the group. The plan of action should include the answers to the following:

- Why is it important to deal with this obstacle?
- What is going to be done?
- How will it be done?
- When will it be done?
- Who is responsible for doing which tasks?
- How will progress be measured, and by whom?
- When will the task be completed?

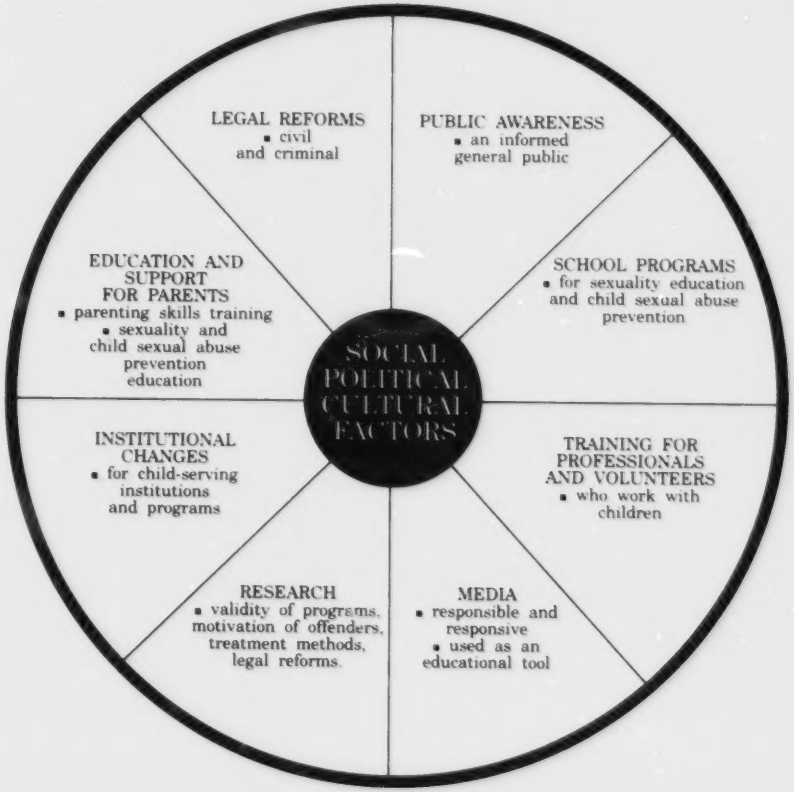
Some groups subdivide to work on several obstacles at once; others work on one at a time.

B. Components of a Comprehensive Community Action Plan

The social, political and cultural make-up of the community must be considered when determining the direction for action.

There has been little documentation or evaluation of efforts made by communities on most of these issues, except for child sexual abuse prevention programs for children. Every community will have a unique approach which reflects the conditions in that particular community.

The following diagram illustrates the areas that may require attention. A community group can aim at only one or choose to deal with many aspects at the same time.



C. Selecting a Child Sexual Abuse Preventive Program

The primary prevention of child sexual abuse through education and skill training of children is a priority. Many resources and programs are available and are being implemented in communities across Canada. These programs cannot always prevent the sexual victimization of children. However, the vulnerability of children can be significantly reduced. The programs are designed to inform children about sexual abuse and to empower them to take action to protect themselves.

While the aim of these programs is not to elicit disclosures, some children do disclose sexual abuse and require follow-up and assistance.

Although the school provides access to the greatest number of children in a community, successful programs can be delivered through community clubs, community

resource centres, churches, service groups, and children's organizations.

Criteria for Selecting a Child Sexual Abuse Prevention Program

- Prevention programs should have a positive approach, stress children's strengths, skills and abilities, and promote a positive self-image and respect for others.

- Adequate time should be spent on the recognition of positive touching, on feelings, and on decision-making skills, such that the principles may be applied in any situation.

- The prevention concepts should be stated clearly in concrete rather than abstract terms, and phrased simply enough so that children can remember them easily.

- The program materials and content must be appropriate to the age group targeted, and must make provision for key concepts to be reinforced as the children mature.

- The program should address both intrafamilial and abuse outside the family.

- New vocabulary must be explained clearly in age-appropriate language.

- The program should present material using a variety of approaches or media such as films, discussion, role play, puppets or guest speakers to teach prevention concepts so that children will see and hear the messages reinforced in a variety of ways.

- The program must be sensitive to family and cultural differences, and must avoid stereotyping.

- The program should be flexible enough to allow for minor changes in content as new information becomes available, and for inclusion of community-specific resource information.

- The program must have an evaluation component that permits review, incorporates feedback and measures the

program's effectiveness.

Criteria for Implementation

Successful implementation of a child sexual abuse prevention program will result from careful attention to the following considerations.

- Parents are informed about the nature and content of the program and involved through workshops, presentations and information sent to the home, allowing them to feel comfortable with the subject matter and to reinforce prevention concepts at home.

- Community professionals are informed and prepared for the possibility of increased reporting.

- A protocol for handling suspected or disclosed sexual abuse is in place in the sponsoring organization.

- A competent, trained instructor presents the program to the children.

- A mechanism is developed to provide for ongoing parental and community involvement.

- If the program is to run in schools, the approval of necessary boards, superintendents or departments is obtained.

- Provision is made for children whose parents do not wish them to participate.

GUIDELINE TWO

IDENTIFYING AND REPORTING OF CHILD SEXUAL ABUSE

GUIDELINE TWO: IDENTIFYING AND REPORTING OF CHILD SEXUAL ABUSE

Key points:

Who is responsible to report the abuse disclosed by a child?

What are the indicators of child sexual abuse?

What must be done if a child discloses abuse?

What happens after the report is made?

A. Duty to Report

Child welfare legislation across Canada makes it clear that reporting suspected child abuse and neglect is the responsibility of every person. These provisions are binding on health care and social services personnel, teachers, the police and the general public.

In most jurisdictions, the legislation directs "any person" having knowledge of child abuse or having reasonable grounds to suspect that a child is in need of protection to report *forthwith* to the child protection

agency. The duty to report overrides any claims of privilege or confidentiality with the exception of the solicitor-client privilege in some provinces. Failure to report may result in the laying of charges.

All jurisdictions offer protection from civil liability for persons reporting where there is reasonable and probable cause to make the report and where the report is not made maliciously. Reports of child sexual abuse are to be made to the local child protection agency or to the police.

B. Identifying Sexually Abused Children

Occasionally a child will clearly describe abuse. Even when the child is silent, certain very obvious physical signs, such as trauma or damage to the genitals, sexually transmitted disease or pregnancy,

directly indicate sexual abuse. These must be reported immediately.

More often, indicators of child sexual abuse are much more subtle and difficult to identify. Inappropriate sexual play, sexual acting out or sexually precocious behaviour may give rise to concern that a child is being sexually abused. Any major changes in sleep patterns, behaviour, school participation, play patterns, language or other unusual signs indicate stress or problems in the child's life. These could, but do not necessarily, indicate sexual abuse. It is important to be available, to listen carefully, and to give the child the opportunity to share concerns or feelings.

Where information or circumstances indicate that the child may have been or is being abused, the next step is to document these concerns and to report them to the police or to the appropriate child protection agency having responsibility for determining whether a child has been abused. Verifying the abuse is not the responsibility of the

person who receives the child's disclosure.

C. Handling Disclosures

People who receive disclosures from children concerning sexual abuse experiences should ease the child's anxiety and fear by giving the child these important messages:

- I believe you.
- You are not to blame for the abuse.
- I am sorry that this has happened to you.
- I will help you.
- I must tell someone else who can help you with what you have told me.

Disclosures occur under many circumstances. The following will assist those who receive disclosures to handle them appropriately:

- Seek a location where the child can feel comfortable.
- Seek to establish rapport with the child.

- Use every opportunity to reassure the child.

- Use clear language, appropriate to the child's level of development.

- Wherever possible, explain to the child what will happen next.

Things to Avoid:

- DO NOT ask leading questions or insist on details.

- DO NOT make promises to keep the abuse a secret.

- DO NOT make promises that cannot be kept.

- DO NOT make critical or condemning statements about the offender, or display shock or revulsion.

- DO NOT confront the person named as the abuser.

- DO NOT wash or bathe the child, remove clothing to examine injuries, or alter the child's appearance in any way.

– DO NOT delay in reporting the incident to police or to child protection.

D. Making a Follow-up

It is the primary responsibility of the child protection personnel to determine if the victim is a child in need of protection under provincial or territorial acts, and to develop a course of action which is in the child's best interest.

Where the report comes first to a child protection agency, the police are to be informed and must conduct a police investigation. The sexual abuse of children is a crime under the provisions of the Criminal Code of Canada.

Similarly, where the police are the first to receive the report, the child protection agency will be informed when the abuse has occurred within the family, or when there are child protection concerns for the victim or other children.

GUIDELINE THREE

INVESTIGATION AND ASSESSMENT

GUIDELINE THREE: INVESTIGATION AND ASSESSMENT

When information about sexual abuse of a child is received, the agency receiving the information must act on it in the context of its own mandate. It must also ensure that the information is transmitted to the other agencies, organizations, services and individuals so that the responsibility of each can be discharged.

Child sexual abuse is both a criminal offence and a child protection matter. Therefore the police and child protection personnel should immediately inform one another about a complaint and, wherever possible, plan a coordinated response.

Satisfactory outcomes following a sexual abuse report are most likely where there has been a mutual sharing of the confidential information among the professionals involved in providing investigative, assessment and intervention services. There should be, where legally possible, formal arrangements for sharing investigative and assessment findings, decisions regarding criminal or child protec-

tion proceedings, and case plans.

Joint Investigation and Child Abuse Teams

Following the receipt of a report with respect to a possible sexual abuse situation, two types of investigation must occur:

A criminal investigation, for purposes of determining whether one or more sections of the Criminal Code has been violated, is the responsibility of the police, either the local or provincial force or the RCMP.

B child protection investigation to determine the validity of the complaint, to ensure the immediate safety of the child, to undertake an assessment and to develop a case management plan.

Because of overlapping responsibilities among police, child protection workers and the medical profession, larger centres are developing child abuse teams. Smaller communities are more likely

to achieve a degree of formal or informal intersystem co-operation. Where such teams or even co-operative approaches between two agencies exist, the following are important:

- sharing information with the objectives of protecting the child and successfully prosecuting the offender;
- coordinating agency mandates to reduce trauma to the child and to increase effectiveness;
- developing case management strategies;
- developing alternative strategies when a case cannot or should not be taken to court;
- providing support for the victim and family as appropriate; and
- participating in prevention and public information programs.

When these functions overlap, the first priority is the protection of the child. Police officers, in the absence of a child protection worker, will provide an

immediate response in compliance with their responsibilities under the Criminal Code of Canada and the appropriate provincial or territorial legislation regarding the protection of children.

In all cases of child sexual abuse, a police officer must, as soon as is reasonably possible upon confirmation of the complaint, report the case to the child protection agency in accordance with child protection legislation. The investigation of the complaint, taking into account all the circumstances surrounding the incident, may require immediate attention in order to preserve the evidence. Or it may require a less urgent response following discussion with other agencies when the immediate threat of further assault is absent. Where the child has been traumatized by the experience, particularly when a further attack by the offender is unlikely, medical or psychological treatment prior to the police intervention may be advisable. Each case must be judged on its own merits.

The police role is to investigate and gather evidence. The Crown prosecutor must decide on the preparation of the case for court. Decisions about whether the child victim should participate in the court process should be made, giving due consideration to the age of the child, the ability of the child to testify, and the potential trauma to the child. In all situations, thought must be given to the best interest of the child victim in order to provide optimum conditions for the child's recovery.

To ensure the most appropriate intervention to protect the child, co-operation with medical and child welfare authorities is a requirement in all cases of child sexual abuse. This does not mean that the police will abdicate any responsibility for gathering evidence and performing a police investigation.

A. Criminal Investigation

It is the responsibility of the police to conduct all criminal investigations of sexual

offences against children. Criminal Code offences against children are classified within the following broad categories:

- sexual assault (which includes all forms of sexual assault, sexual assault with weapon and aggravated sexual assault);
- sexual interference and invitation to touching and sexual exploitation;
- incest;
- corrupting morals; or
- murder in commission of a sexual assault.

The police will perform the following duties in all reported cases of child sexual abuse as indicated by the facts of each case:

- interview the child victim and take statements if possible;
- interview the offender and take statements if possible;
- interview and obtain statements from other witnesses;

- examine the scene and preserve evidence; and
- obtain medical and other expert evidence.

Interviewing the Child

The interview of a child victim should be conducted by trained personnel. It requires sensitivity and knowledge.

- Take time to gain knowledge about the child and the family in order to build trust. Wherever possible, the same police officer should handle a case from beginning to end.
- Conduct interviews in a non-threatening location.
- When a disclosure occurs, the interviewer must restrain personal reactions to the offence and feelings about the offender, parents or guardians.
- The interview must be conducted in the language and at a level appropriate to the child victim.
- The child must be permitted to tell about the incident in

his or her own way. Particular care must be taken *not* to ask leading questions.

- Every effort should be made to reassure the child that the complaint will be acted upon.

- Interviews should be recorded on audio and/or video tape where practical and appropriate.

- Where appropriate, anatomically correct dolls and other aids may be used by a trained interviewer.

- The interview should be concluded by informing the child about what will happen next.

Interviewing the Offender

The interview of the alleged offender must be conducted by the police. When, upon reasonable and probable grounds, the investigator believes an offence has been committed, the police should ensure the immediate protection of the child through appropriate measures,

including the arrest of the offender. The offender should be held in custody pending a bail hearing when legal grounds exist. Child protection authorities must be advised of conditions posing a further risk to the child or to other children.

Interviewing other Witnesses

The interviewer must recognize that the nature of child sexual abuse means that there is seldom a witness. However, the following should be interviewed as potential witnesses:

- parents and immediate family members;
- neighbours, friends and relatives;
- teachers/day care staff; and
- family physician.

Examining the Scene

Circumstances may indicate the need for a close examination of the scene of the

sexual assault. The examiner should:

- look for the presence of pornographic materials;
- take photographic evidence of the scene to support the child's statement;
- search for physical evidence, particularly unusual items, to corroborate the child's statement;
- collect medical and other expert evidence which may be the only corroboration a case may have; and
- refer to child abuse experts and persons capable of interpreting and providing the court with expert testimony where possible.

Statements and reports of a medical examination should be obtained as soon as possible following a physical examination. Local conditions may require a court order or a subpoena in order to obtain the release of an agency or medical file.

B. Child Protection Investigation

It is the responsibility of the child protection worker to determine whether the child is in need of protective measures and to develop a case management plan. This plan will take into consideration:

- the feasibility of a joint response by police and child protection personnel;
- the child's safety in the home or the need for temporary removal;
- the need for family court proceedings or a voluntary agreement with the parent or guardian for the protection of the child;
- concerns for the safety of siblings and any other children considered at risk in the situation; and
- treatment and support resources available to the victim and the family.

It may be that the child can be protected

while remaining in the home if one or more of the following measures are taken:

- the alleged offender voluntarily leaves the home and agrees not to contact the child;
- the alleged offender is arrested and detained in custody or is released on strict bail conditions forbidding contact between the offender and the child, or other children, if warranted;
- an assessment of the quality of the support from family members other than a person named as the offender;
- support services are provided in the home, for example, homemaker services, child care or financial assistance;
- support services such as counselling or psychiatric assistance are provided to the parent, child or family; and
- the appropriate child protection agency assumes custody of the child and places the child in the

home, with parental agreement.

An alternative may be the placement of the child with a friend or relative, with parental agreement.

Any plan which involves the arrest and subsequent release of the offender requires co-operation among the child protection worker, the police, Crown counsel and the probation officer to monitor the situation and to maximize the child's safety. A community release should be made known to the child abuse team and to the local police department in the community into which the offender is released.

If child protection personnel determine that a child must be removed from the residence of the alleged offender, arrangements should be made to have the police available to deal with the alleged offender at the time and to assist with the removal of the child if warranted.

Child protection personnel should not assume the police role of confronting the offender.

It may be appropriate for the child protection worker to meet with the offender following the police interview to explain the role and responsibilities of child protection, the sequence of events to be expected, and conditions of access to the victim and siblings, if and when they are determined. Where the offender has admitted to the abuse, the child protection worker can assist the offender by referral to counselling or treatment services.

C. Joint Investigation Interviews: Child Protection and Police

Investigative interviews should be arranged and conducted while exercising sensitivity to the needs of the child victim and the family.

Interviewing the Child

The interview with the victim should be conducted jointly to avoid subjecting the child to repeated inquiries. Where joint interviewing is not possible, the sharing of relevant information is imperative.

When the interview is conducted jointly, the police and child protection worker should decide who will be the primary interviewer. Factors to be considered may include the age and sex of the child, the child's level of discomfort, the nature of the disclosure, and the child's responsiveness to either of the interviewers.

. The interview location should be chosen with the following factors in mind:

- where and how the disclosure occurred;
- where the abuse occurred;
- where the child feels most comfortable;
- where disruption is minimized;

- where the alleged offender is located;
- the reaction of the non-offending parent(s);
- the presence or absence of a support person; and
- whether the interview is to be videotaped.

Increasingly, interviews are being recorded on audio or video tape. Amendments to the Criminal Code of Canada now permit videotaped interviews with victims to be introduced as evidence in court in some situations. This requires specific training for the interviewers and technicians.

Even where the tape will not be used in court, it may still be of value in reducing the need for repetitive interviewing of the child, in encouraging a guilty plea from the accused, and in determining the capacity of the child to testify in court. The interviewers must always explain to the child why the tape is being made and how it may be used.

When the child has confided in a trusted person, this person may be present at the investigation interview, solely as a support to the child. The support person must be informed of the dual purpose of the interview and must be instructed on helpful and unhelpful behaviours. The child's wishes should be considered.

The interview must be conducted in age-appropriate language. An interpreter may be required if the child speaks another language. The interviewers should introduce themselves and explain their roles and the purpose of the interview. The victim should be invited to ask questions.

Depending on the age of the child and the circumstances of the interview, interview aids such as diagrams, drawings or anatomically correct dolls may facilitate disclosure. The child's terms for bodily parts, functions or sexual events should be used throughout the interview.

Interviewing the Siblings

Interviewing the siblings of the victim may determine whether they too are victims of abuse, whether they can corroborate the victim's account, and whether they may be at risk following the victim's disclosure or in the subsequent family crisis. These interviews could be recorded on audio or video tape, with the child(ren)'s co-operation. Siblings are to be afforded the same respect and sensitive consideration as the victim in the interview process.

Interviewing the Parents

Non-offending parent(s) should be interviewed as soon as possible after the victim and/or sibling(s). During this interview, the following information should be gathered:

- parents' awareness of the abuse;
- the family's capacity to support the victim;
- family relationships and patterns of behaviour;

- the resources required to assist the family to protect the child and to prepare for the events following disclosure; and

- alternative options available if the parent(s) or family are unable to provide for the ongoing safety of the child.

D. Medical Assessment

A medical assessment of a child who has been sexually abused is important to ensure that the child's immediate and long-term needs are met. When handled properly, the medical examination can be supportive and reassuring to the child and may provide important evidence for court. Sometimes, where a physician is unavailable, nurses are delegated to perform the assessment.

The Physician's Role and the Medical Examination

Sexual abuse may come to the attention

of a physician in a variety of ways:

- a request for the physician to examine the child because of a report of past or possible recent abuse;
- a disclosure of abuse;
- a medical emergency with associated trauma; or
- a finding during an examination for an unrelated condition.

Physicians' and Other Health Professionals' Duty to Report

Health professionals are bound by reporting requirements in provincial legislation. This means that health professionals must report forthwith to the designated child protection agency when they suspect abuse or identify a sexually abused child. This duty to report overrides any claim of privilege or confidentiality in the physician-patient relationship.

Hospitals, clinics or agencies may have additional requirements concerning the reporting of child

sexual abuse, but the legal duty to report to the designated child protection services takes precedence.

Failure to report may result in the laying of charges. There are Canadian precedents which have involved physicians who knowingly withheld or delayed information on child sexual abuse.

The Objectives of the Medical Examination

The objectives of the medical examination are:

- to examine the child for injury or for any evidence of sexual or other forms of abuse;
- to reassure the child and the parent(s) that the child has not been physically harmed;
- to screen for sexually transmitted diseases and/or for pregnancy; and
- to collect forensic specimens.

The ability to conduct a general assessment of a child at any age, combined with competence in commu-

nicating with children at different stages of development, are pediatric skills which are necessary for the medical evaluation of a sexually abused child. Where a practitioner with specialized training in abuse examination is available, this person should be consulted to ensure optimal care and the collection of accurate forensic evidence.

The following checklist includes the important points to be considered in preparing for and conducting the medical examination of the child sexual abuse victim.

Preparing for the Medical Examination

The following steps should be taken.

- Informed consent is obtained from the child, parent(s) / guardian(s) or the agency responsible.
- The timing of the examination is established so that it

occurs as soon as possible after the abusive incident or disclosure, accommodating the child's emotional and clinical state.

- The medical examination is co-ordinated with police and child protection personnel to reduce repetition for the child.
- Support persons are identified for the child in order to arrange for their presence during the examination.
- Personnel involved are prepared to be supportive to the child, to explain procedures and terminology, to reassure the child that responsibility for the abuse rests with the offender and to stress normalcy of body parts and functions.
- Language or cultural needs are identified and special arrangements such as translation are made.
- Requirements to facilitate complete documentation are established with regard to witnesses,

charting, specimens, medical photographs, and video or audio tapes.

- Consideration is given to the child's medical, physical, and emotional condition and age in determining the need to perform the examination under anaesthesia.

Conducting the Medical Examination

The following should be observed.

- The examination is thorough, and includes a physical, developmental, behavioural and emotional assessment.
- The examiner collects forensic evidence, such as specimens of blood, saliva and semen, swabs or samples for sexually transmitted diseases (STD) and pregnancy.
- The examiner collects "trace evidence" - foreign materials left by the offender.
- The child is given reassurance and explanation during the examination with

respect to the procedures, terminology, and the status and function of bodily parts.

- Examination and description of genitalia and/or other body parts are followed by written description and accompanied by diagrams noting size, colour, and position of lesions and bruises.
- There is accurate and detailed charting related to findings, and to the child's attitude and reactions during the examination.
- STD and/or pregnancy counselling occurs as appropriate.
- Arrangements for follow-up appointment(s) are made and communicated to the child, parent(s) / guardian(s) or the agency.

Specific protocols regarding the conducting of a medical examination have been established and are available through the Laboratory Centre for Disease Control.

GUIDELINE FOUR

TREATMENT AND SUPPORT

GUIDELINE FOUR: TREATMENT AND SUPPORT

The sexual abuse of a child is a traumatic event which, in addition to legal responses, requires the availability of comprehensive and specialized treatment services for all those affected in order to aid recovery and to minimize the risk of further abuse of that child or other children.

Given the range of variables influencing the degree of harm caused to victims of sexual abuse, treatment services should provide for needs ranging from immediate crisis intervention following disclosure through intensive treatment to long-term periodic support during periods of relapse and stress.

Community response must reflect the safety and recovery of the child victim as its continuing priority and, accordingly, all treatment planning and interventions should be child-centred. This includes situations in which the child has been abused by a family member.

The sexual abuse of a child is a criminal act for which the offender, regardless of any relationship with the victim, must be held solely accountable. In order to maximize the effectiveness of both legal and treatment interventions, this perspective must be integrated into all approaches used with victims, offenders and family members.

A. Crisis Intervention and Support Services

When a child or family is in a state of crisis following disclosure and investigation, immediate intervention will be needed. Appropriate services may include:

- medical attention;
- emergency shelter;
- financial assistance; or
- crisis counselling to provide support and reassurance for the child and direction and support for the non-offending parent(s), including informational reading material such as books and pamphlets.

In situations where the child and family are coping well with the crisis, advice about common reactions to abuse at various developmental stages during the child's growth should be provided to the parents. This will help them to react appropriately, to alert teachers and day care workers about the possibility of unusual behaviours, and to seek help when required. Crisis intervention and support services may be available through:

- crisis centres;
- family service agencies;
- community resource centres;
- mental health centres;
- self-help groups;
- school counsellors;
- church groups;
- private therapists;
- victim support workers; or
- trained volunteers and paraprofessionals.

B. Preparation for Court

When the police investigation results in criminal charges, it is essential that the child and family know what to expect regarding court proceedings.

Involvement in the criminal justice process can be highly stressful for a child and family. Repeated interrogations, poor co-ordination among investigating personnel, fear of testifying in the presence of the offender, trial postponements and delays and the need to disclose embarrassing details in public can all contribute to the potential for trauma. However, with proper preparation and support, completing the investigative process by participating in the trial can have therapeutic value by enhancing the child's sense of control over the victimization experience.

Recent reforms to the Criminal Code and the Canada Evidence Act can reduce the stress of a court appearance for children.

Police and/or Child Protection Investigation

To reduce stress to the child, investigating authorities should:

- coordinate activities as outlined in Guideline Three; and
- use videotape facilities, where available.

Prosecution

Responsibilities of prosecuting authorities for protecting the child up to the trial are to:

- arrange for the same prosecuting attorney to manage the case from the preliminary hearing throughout the trial up to sentencing;
- reduce delays, for example, by asking the court to consider the desirability of proceeding with the trial and to argue against trial postponements and adjournments;
- meet the child and family well before the court date in order to:

- familiarize them with the courtroom, court personnel and the court process,
- review the child's testimony and lines of probable direct and cross examination questioning,
- review possible outcomes,
- ensure that they understand the implications of bail conditions, the posting of bond, and plea bargaining,
- answer questions the child and family may have about any aspect of the court proceedings,
- teach appropriate courtroom etiquette, including how to address the judge, appropriate dress, and what to do if they do not understand a question; and
- use aids such as colouring books, books, pamphlets, videotapes and role playing to enhance the child's preparation for court.

Child Protection and/or Treatment

Support should continue during the trial with steps to:

- arrange for a supportive person to attend the trial with the child when normal parental supports are excluded because they will also serve as witnesses or are otherwise unavailable;
- review the impact of the abuse on the child and family and be prepared to provide a Crime Victim Impact Statement to aid the judge in determining the appropriate sentence;
- provide counselling support and teach anxiety management techniques for pre-trial and in-trial stressors; and
- provide information and support to caregivers to help them manage the child's worries, anxieties and behavioural reactions.

C. Child and Family Treatment Services

The impact of sexual abuse on the emotional well-being of a child and family can be devastating. The disclosure and subsequent investigation may create a family crisis, particularly when the abuse occurred within the family. Without treatment, child victims are at risk for long-term problems of adjustment and behaviour, and family break-up is common.

It is important that investigating workers assess the treatment needs of victims and families and develop a plan to address both short- and long-term needs in an effective and timely manner. The safety, protection and best interests of the child must be paramount in treatment planning.

An effective treatment plan involves the co-operation of treatment providers, the child protection agency, adult probation services, the police and the court system, the

parent(s) and other family members.

In situations where the abuse occurred within the family, it is the responsibility of the child protection workers to develop and manage the plan. In extrafamilial situations, investigating workers should ensure that referral to a treatment provider or agency is made.

A comprehensive assessment of the child and family will provide a problem list upon which to plan. The following elements should be included:

Assessment of the Child

The assessment of the child should address both the level of functioning of the child and reactions to the sexual abuse. The assessment should consider:

- developmental and social history; and

- general level of functioning, including
  - behavioural,
  - emotional,
  - social and peer group functioning,
  - academic,
  - sexual behaviour and development,
  - specific reactions to the abuse, and
  - short- and long-term support and treatment needs.

This information may be obtained by direct interview, observation or psychological assessment and through interviews with parents, teachers and others close to the child.

Assessment of the Family

Family treatment needs should be assessed in all cases.

In situations of intrafamilial abuse, the assessment should identify the strengths of the family and its motivation for change. The following areas of family functioning

should be explored in depth:

- social history, including inter-generational history of sexual abuse;
- general level of functioning, including factors that increase vulnerability;
- problem-solving capacity and support systems;
- patterns of behaviour, including:
  - mother/victim relationship,
  - father/victim relationship,
  - spousal and parental relationships,
  - sibling/victim relationships, and
  - specific reactions to the abuse.

In cases of extra-familial abuse, the needs of parents and siblings for assistance should be considered so that they may:

- deal with their own feelings of grief and anger;
- provide support to the victim through the legal and treatment process;

- cope with the reactions of friends, extended family and the community at large; and

- protect the victim from further abuse.

Assessment information can be obtained in interviews with the entire family, the mother and victim, the victim alone, and the parents alone, as appropriate to the situation. The information obtained through observation should be included.

Depending on the circumstances, the treatment plan may address only the victim's needs, those of key family members, or those of the entire family. It should identify the immediate needs created by the crisis as well as the longer-term needs for treatment created by emotional trauma and restructuring of family relationships.

Child Treatment

Because of the risk of long-term emotional problems, a rapid treatment response for the victim is desirable. As well, the crisis period fol-

lowing disclosure provides an opportunity for the treatment provider to respond to the victim and to maximize the therapeutic impact. However, because the goals and methods of treatment are often quite different from those of investigation, it is important for investigators to obtain all the information they need before formal treatment begins.

There is no way of knowing for certain which victims will be most affected by sexual abuse. The following factors are often associated with serious disturbance:

- abuse involving violence, terror or threat;
- abuse by a person in a position of trust;
- abuse involving genital contact;
- abuse occurring over a long period of time;
- unsupportive reactions to the disclosure from family, friends and the community; and
- uncoordinated response by service providers.

The goals and methods of therapy will depend on the degree of trauma and other factors such as whether the abuse occurred within or outside the family.

Therapy for young children may focus on working with the victim's family to improve relationships and parenting skills and to provide support in handling symptoms. Play and art therapy can help the child to work through the trauma in non-verbal ways.

Older children and adolescents respond well to group therapy, after screening for individual treatment needs. Sharing their experiences in a safe environment can be helpful. The objectives of therapy include:

- release of anger;
- alleviation of guilt;
- assertiveness training; and
- self-image building.

Family Treatment

A treatment plan for the entire family should be developed

whenever possible. There is usually a better possibility for successful adjustment of the child when feelings and conflicts about the abuse are worked out within the context of family relationships. However, when the abuse has occurred within the family and has resulted in the separation of family members, caution should be exercised in deciding whether or when to treat the victim and her/his offender together. Individual treatment for both should occur first.

Treatment strategies for families must be tailored to fit assessed needs. The methods and procedures used may differ, but the fundamental objectives include steps to:

- modify familial and environmental factors where they contributed to the abuse;
- prevent recurrence of the abuse;
- provide a safe, nurturing environment for the victim;

- improve family communication; and
- develop additional parenting and family management skills.

The treatment plan may involve some or all of the following elements, and may change at different stages in the process:

- individual counselling for the victim, mother and father;
- mother/victim counselling;
- marital counselling, if the family wishes to be reunited;
- father/victim counselling;
- family counselling; and
- group counselling, including support groups for parents, victims, siblings.

Child and family treatment services may be available from:

- child protection agencies;
- community health centres;

- mental health centres;
- family service agencies;
- self-help groups;
- private therapists, such as psychiatrists, psychologists, social workers, physicians; and
- specialized treatment centres.

D. Supervision and Treatment of Offenders

As our knowledge about sexual offenders evolves and grows, new approaches to offender supervision and treatment are emerging. However, because the sexual abuse of children is a criminal act, holding offenders accountable for their behaviour is of paramount importance in planning supervision and treatment, regardless of their relationship to the victim.

Offenders differ widely in terms of the seriousness of their offences, the motivation for their offending behaviour, their readiness to admit guilt, receptivity to treatment, understanding of

victim impact, and risk of committing a similar offence again. Approaches to supervision and treatment must take these factors into account.

Effective management of offenders requires coordinated action on the part of criminal justice, child protection and mental health professionals. Effective treatment requires specialized knowledge and skills.

Adolescent Offenders

Without treatment, offender patterns established early in life may continue into adulthood. Early intervention with adolescent offenders can reduce the number of their victims and, in the long term, contribute significantly to the prevention of child sexual abuse.

Young persons between the ages of 12 and 18 who commit sexual offences may be charged under the Young Offenders Act. Section 13 of the Act enables their treatment needs to be assessed for the court before sentencing. Where appropriate ser-

vices are available, it may be appropriate to request a court order that includes treatment as well as community supervision or custody. Sentences should be long enough to complete the treatment process.

Children under the age of 12 who commit sexual offences should be referred to child protection services for an assessment of protection and treatment needs.

Research indicates that some youthful offenders are also child abuse victims. These youth should be referred to child protection services for investigation of the abuse. It is important to protect and treat them while at the same time ensuring that other children are not abused.

Treatment plans must be based on assessed needs. Group approaches are often employed, with individual and family therapy as important adjuncts.

Treatment services for adolescent offenders may be available through youth

treatment centres, mental health agencies, youth probation services, private therapists, or specialized treatment centres.

Adult Offenders

When the adult offender admits the abuse and indicates a desire to seek help, the police, probation or corrections personnel should make a referral for assessment for treatment. Where appropriate services are available, court-mandated treatment should be considered. Gradual release to the community and continued treatment while on probation or parole should be part of the court order.

In situations of intrafamilial abuse where treatment is not available or not desired, joint guidelines for case management should be developed by child protection and probation or parole personnel to ensure the safety of the child. When accused persons or convicted offenders are released to community supervision, the police and child protection staff working with the victim and family

should be alerted. Intensive supervision of the offender should be provided.

Treatment services for adult offenders may be available through mental health agencies, private therapists, correctional facilities and personnel, and specialized treatment centres.

GUIDELINE FIVE

MULTIDISCIPLINARY CO-ORDINATION AND CO-OPERATION:

A TEAM APPROACH

GUIDELINE FIVE: MULTIDISCIPLINARY CO-ORDINATION AND CO-OPERATION: A TEAM APPROACH

A. Membership of A Multidisciplinary Child Abuse Team

A multidisciplinary child abuse team which includes representatives of each discipline, agency or service provides a forum in which the sharing of relevant information and a variety of professional perspectives and judgment can facilitate good planning and implementation of appropriate interventions in situations of sexual abuse. The multidisciplinary child abuse team can function as a policy and planning group responsible for systems planning and co-ordination. This policy and planning responsibility can be enhanced by formal agreements among the local, regional or provincial departments or agencies. The multidisciplinary child abuse team can also function as a case-specific team to ensure that appropriate interventions are identified and provided to meet the needs of the abused child, the family and the offender.

Depending on the mandate or functions of the multidisciplinary

child abuse team, the membership may include:

- child protection representatives;
- police officers;
- health professionals;
- mental health professionals;
- Crown counsel and lawyers;
- day care and education personnel; and
- probation services.

Membership on child abuse teams may be defined in legislation.

B. Case Management and Co-ordination

Multidisciplinary teams work best where there is a willingness to accept responsibility for the cases. Team members require an adequate knowledge of the dynamics and mechanics of sexual

abuse and the statutes which govern it.

An effective multidisciplinary team provides a forum in which well-trained professional staff with good clinical and investigative skills can work together and have input into decisions and plans.

Finally, the team approach allows for coordinated use of authoritative and supportive services within the community.

The essential tasks in case management of child sexual abuse are divided among agencies or members of the team according to the mandate, skills, interest or willingness to discharge responsibility for the task. Ten essential tasks of case management are the following:

Reporting:

Every person, private or professional, has a duty to report abuse under provincial/territorial acts. Other regulations may govern the actions of the agency in cross reporting to the police

and/or a child abuse registry.

Validation:

The first step of any investigation is to confirm that child sexual abuse has occurred and to gather any evidence or corroborating statements. Once the complaint is validated, planning for investigation can begin.

Investigation:

The police are responsible for criminal investigation, and the child protection agency is responsible for the child protection assessment. These tasks and the responsibilities associated with them cannot be delegated.

Child protection assessment:

Protection of the child and/or siblings from further abuse is the first priority. This is the responsibility of the child protection agency, although the police may assume this responsibility in emergency situations. The investigation period may be very difficult for the child and

family, and ideally it may be appropriate to have other team members not directly responsible for the investigation act as supports or advocates for the child and for the family.

Initial management planning:

As the investigative interviews take place, options, obligations and roles of all involved are explained to the child and family members. The intervention plan will develop as team members work together. The plan will be influenced by additional information such as:

- the findings of the police investigation;
- the findings of the medical examination;
- decisions regarding separation of the child victim or the offender from the family;
- the need for supportive services; and
- initiatives to prepare the family for what lies ahead and to help family members

understand and deal with their reactions in a constructive way.

Before a case involving criminal proceedings goes to court, the families should be told what to expect. Children, both as victims and as witnesses, need to be prepared for court.

Treatment assessment:

In-depth assessments will assist in case planning and should include complete individual and family histories, observations of family functioning, the degree of the child's emotional trauma, the family dynamics which may have contributed to child sexual abuse, and family treatment needs. This is applicable in situations of both intrafamilial and extrafamilial abuse.

Developing a problem list:

Identification and listing of all problems present for the child and family provides the basis for a comprehensive treatment plan. Not all problems will

be addressed or treated at the outset, but they should be noted for future consideration.

Formulating a treatment plan:

The treatment plan may address the needs of the victim, key family members or the whole family. The treatment plan addresses the immediate needs and longer-term needs for treatment of emotional trauma and the reworking of family relationships.

Treatment intervention:

When the treatment is put into action, it will always focus on the child victim. Ideally the entire family and the offender will be involved in some kind of treatment.

Depending on the degree of physical or emotional trauma, treatment may be limited to short-term counselling or may extend to long-term therapy.

Monitoring and reassessment:

The treatment program needs to be examined at regular intervals to determine progress made

according to the goals set, with re-evaluation done as necessary. All cases of intrafamilial sexual abuse should remain open until the plan has been implemented and monitored for a period of time.

C. Information Sharing and Confidentiality

When all facts uncovered in an investigation are shared among health professionals, the police department and those responsible for criminal justice and therapeutic interventions, the best course of action can be determined.

It is the responsibility of each agency and service to maintain its own records and to protect the confidentiality of those records in accordance with agency procedures and in accordance with provincial, territorial and federal acts and regulations. All requests for the

sharing or release of information must be carefully assessed. The interests of child victims and their families and of the general public must be served by the release of that information. The sharing of information is necessary to make good decisions and must be done in such a way as to protect privacy and confidentiality.

GUIDELINE SIX

COMMUNITY TRAINING

GUIDELINE SIX: COMMUNITY TRAINING

Professionals, paraprofessionals and community volunteers require complete and current information as they develop and provide community services to child victims, families and offenders. This information is provided through ongoing training. Training, for the purposes of this document, refers to either specific skills and knowledge acquired after the formal process of academic education, or developed for a specialized group of paraprofessionals or volunteers.

A. Goals of Community Training

The general objectives and goals of community training for professionals, paraprofessionals and volunteers are to increase understanding and knowledge of:

- the nature and dynamics of child sexual abuse;
- the legal aspects including the duty to report;
- the intervention process;

- the skills required for effective intervention;
- the therapeutic needs of victims and families;
- the need for co-ordination of services in the community;
- one's own emotional response to child sexual abuse;
- human sexual development; and
- child sexual abuse prevention concepts, strategies and programs.

B. Community Training Options

Training activities can take many forms, including self-instruction, individual instruction, case conferences, seminars, workshops and structured programs.

Each discipline or group requires specific training to carry out its duties and responsibilities within its own mandate. This should be accomplished through basic professional education.

In addition to discipline-specific training, interdisciplinary training builds trust, encourages communication and develops understanding and confidence among community workers.

The training should be conducted by recognized experts or persons who have received specialized training and who have established competency in specific subject areas, including adult education techniques.

C. Training Content

Different groups require different depth and detail of training. However, the needs of target groups can be determined by considering the following topic areas.

Background Information Should Include:

- historical background and relationships of sexual abuse to other forms of abuse;
- definitions of child sexual abuse, including regulatory,

legal and descriptive aspects;

- personal values, attitudes, perceptions and feelings;
- incidence and dynamics of child sexual abuse, including the effects on victims, siblings, and non-offending parent(s);
- offender profiles;
- indicators of child sexual abuse, including physical, emotional and behavioural aspects;
- child development;
- confidentiality; and
- applicable research findings.

Legal and Procedural Aspects Demand Consideration of:

- legislation, comprising the Criminal Code and provincial/territorial acts;
- community protocols and national, provincial and territorial guidelines;
- handling of disclosures and reporting;

- documentation and record keeping;
- assessment and investigative process, including medical assessment, child protection assessment, police investigation, criminal and family court proceedings and rules of evidence;
- interviewing skills, including techniques such as audiovisual equipment and anatomically correct dolls; and
- accommodation of the child's needs in a courtroom setting.

The Intervention Process Should Incorporate:

- assessment of ongoing needs for counselling, support, therapeutic intervention, protection and prevention education for:
  - child victims,
  - adolescent victims,
  - adult survivors,

- non-offending family members,
- families,
- adolescent offenders, and
- adult offenders;

- community-specific referral sources for treatment and support;

- multidisciplinary responsibilities and co-ordination, taking account of the role of the justice, health care, child protection and education systems;

- language, cultural, ethnic and religious differences and traditions in the community; and

- additional requirements for special-needs children and their families.

Prevention

- the rationale for prevention;

- the range of prevention materials and programs;

- the elements of a comprehensive child sexual abuse prevention program;

- the guidelines for choosing an effective prevention program;
- the needs of specific target groups; and
- the guidelines for research and evaluation for ongoing update and improvement.

D. Selection, Preparation and Evaluation of Trainers

Training of trainers should be conducted by professionals or paraprofessionals recognized in the field. All trainers should have a thorough knowledge of the subject matter and the skills required for teaching adults. They must be carefully screened in order to determine their skills, abilities, attitudes, knowledge base and comfort level with the subject.

Trainers should also be evaluated on a regular basis by the child abuse team or the agency responsible for implementing the prevention program. Evaluation of cognitive

understandings and skills should be conducted. Does the trainer have the knowledge and the skills to impart the information to the volunteers? Evaluation can be achieved through observation of presentations, i.e., teaching techniques, content and attitudes, and by asking the volunteers who are being trained to give feedback through a questionnaire.